

# Exhibit 103:

SOR Operating Procedure 310,  
Sweep Packets, and Sex Offender Sweep  
Findings Form  
[MSP 1587-1589]

MICHIGAN STATE POLICE	OPERATIONAL PROCEDURE	NUMBER: SOR-OP-310	
CRIMINAL JUSTICE INFORMATION CENTER	SWEEP PACKETS	REVISION DATE: NOVEMBER 8, 2019	PAGE 1 OF 1
SEX OFFENDER REGISTRY UNIT			

SUBJECT: SWEEP PACKETS

REFERENCE: N/A

PURPOSE: This procedure establishes the method to be used when the request for sweep packets are submitted to the Sex Offender Registry (SOR) Unit.

FORMS USED: Sex Offender Sweep Findings Form  
MI Residence Check–Investigative Report  
Sex Offender Registration Form

WHO:  
Departmental  
Analyst

1. The department analyst shall prepare packets for sweeps at the request of the SOR Coordinator no earlier than seven days prior to the sweep.
2. The following documents shall be included in the packets for a Compliance Sweep:
  - a. Sex Offender Sweep Findings Form.
  - b. MI Residence Check–Investigative Report.
  - c. Warrants (print a copy of all warrants).
  - d. Two unsigned Registration Forms if one has never been signed by the offender (one for the offender and one for the file).
3. The following documents shall be included in the packets for a Compliance Sweep:
  - a. Sex Offender Sweep Findings Form.
  - b. MI Residence Check–Investigative Report.
  - c. Warrants (Print a copy of all warrants).
  - d. Two unsigned Registration Forms (one for the offender and one for the file).
  - e. Certified Record containing Registry history.
  - f. TLO (print the entire report).
  - g. Department of Health and Human Services (DHHS) Printout from the Law Enforcement Information Network (LEIN).
  - h. Secretary of State (SOS) Printout from LEIN.
  - i. Criminal History Printout from LEIN.
4. The department analyst shall enter any DHHS, SOS, or TLO leads into the Investigative Notes prior to printing the MI Residence Check–Investigative Report.
5. The department analyst may assist with data entry after the sweep as approved by the unit manager and the SOR coordinator command approval.

Approval by Unit Manager		Approval Date	
--------------------------	--	---------------	--

**Sex Offender Sweep Findings**

NAME	DOB	SORN
DNA: <input type="checkbox"/> YES <input type="checkbox"/> NO	Fingerprints: <input type="checkbox"/> YES <input type="checkbox"/> NO	Palm Prints: <input type="checkbox"/> YES <input type="checkbox"/> NO
Active Warrants: <input type="checkbox"/> SOR Felony <input type="checkbox"/> SOR Misdemeanor <input type="checkbox"/> Other Non-SOR Related Warrants		

SWEEP FINDINGS			
Does offender reside at residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Was contact made with the offender?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> No Answer	
If no contact made, best time to recheck?			
Contact Made with:	Name: Relationship: Phone Number:		
Contact Made with:	Name: Relationship: Phone Number:		
COMMENTS:			
OFFICER INFORMATION:			
Name(s) of Officer(s):			
Dates/Times of Attempts to Make Contact:	____/____/____, ____:____ am/pm ____/____/____, ____:____ am/pm		
Date Verification Confirmed:		Incident #:	
Offender Arrested?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Advised and Released?	<input type="checkbox"/> YES <input type="checkbox"/> NO

DATA ENTRY			
<input type="checkbox"/> Make offender Compliant		<input type="checkbox"/> Make offender Noncompliant and add the following violations:	
<input type="checkbox"/> Address	<input type="checkbox"/> Employment	<input type="checkbox"/> Form	<input type="checkbox"/> SSZ
<input type="checkbox"/> Campus	<input type="checkbox"/> Failed to Verify	<input type="checkbox"/> ID	<input type="checkbox"/> Telephone
<input type="checkbox"/> Email/Internet	<input type="checkbox"/> Fee	<input type="checkbox"/> Palm Print	<input type="checkbox"/> Vehicle
Other updates to record, i.e., Vehicle, Phone, etc.			

INSERT PHOTO

INSERT PHOTO

Name , DOB:

SORN:

Published Offender: ☐ YES ☐ NO

Name , DOB:

SORN:

Published Offender: ☐ YES ☐ NO

INSERT PHOTO

INSERT PHOTO

Name , DOB:

SORN:

Published Offender: ☐ YES ☐ NO

Name , DOB:

SORN:

Published Offender: ☐ YES ☐ NO